

Report to Pierce County Council

Regarding Behavioral Health Diversion Center

September 15, 2017

Prepared by: Steve O'Ban, Pete Ansara, Chris Cooley

Contact: Steve O'Ban, (253) 798-6134

A. Council Ordinance No. 2017-13s

This Report is provided pursuant to Ordinance No. 2017-13s, by which the Council requested an evaluation of the merits of a Behavioral Health Diversion Center (BHDC), and the estimated costs of acquiring the property, designing and constructing the building, or in alternative, the costs of leasing the facility. The Council also requested an estimate of the operating expenses and revenues.

B. Introduction

A county of 1,800 square miles, with a population of over 850,000, of whom over 28,000 suffer from a serious behavioral health (BH) condition, are not adequately served by the single, 16-bed crisis stabilization facility in Fife. Optum-BHO agrees and reports that over a 12-month period, there were 20,000 BH crisis events based on the MOCT team and Fife facility utilization. Optum writes that the number is far higher because it does not count crisis events in emergency departments and by First Responders who did not involve MOCT or the Fife facility. (Ex. 3).

First Responders, Optum-BHO, and even the Fife facility submit the enclosed materials (Exhibits 1-4) in support of a second crisis stabilization facility in the Spanaway/Parkland area. Not only do they report that more crisis beds are needed overall, but they indicate that a facility is needed in the Spanaway/Parkland area because approximately half of the county population is closer in proximity to Spanaway/Parkland than Fife, and the area is becoming a high-need community in terms of BH crisis interventions.

Individuals in crisis are typically first seen by EMS, law enforcement, or MOCT, after a member of the public, frequently a family member, calls 911 or the crisis line. Central Fire and Rescue and the Pierce County Sheriff's Office report that their personnel rarely utilize the crisis stabilization facility in Fife operated by Recovery Innovations (Fife facility). The Fife facility is nearly always at full capacity, and when taking into account the lengthy transport times, First Responders take crisis patients to already over-utilized, but much closer, EDs, or the county jail.

Importantly, Recovery Innovations indicates that of the 637 crisis cases dropped off by law enforcement at its Fife facility over a 12 month period, only 46 were from central or south Pierce, and 39 of the 46 were from Lakewood because it has a co-responder program that utilizes a crisis stabilization facility. (Ex. 4)

The crisis cases from the other half of the County served by central and south First Responders end up in the emergency departments of St. Clare and Good Samaritan, or with no crisis care.

Crisis stabilization facilities are a critical component to a well-functioning, regional crisis system. They serve as the entry point for individuals suffering serious mental illness and substance abuse, and where their conditions can be diagnosed, triaged, and stabilized. Patients are then transferred to longer term facilities; or released, case-managed, and connected to appropriate community-based behavioral health and social services. The Fife facility serves approximately 2,000 individuals per year, and the BHDC is expected to serve a similar number. That means 2,000 additional individuals that First Responders will NOT need to take to already over-utilized EDs and jails. And that means thousands of hours of First Responder services freed-up for medical and public safety emergencies.

C. Crisis Treatment Modalities

Behavioral health patients in crisis require different strategies depending upon their conditions and circumstances.

1. MOCT and MCIRT.

The MOCT unit responds to crisis hotline calls, offers on-site care, but does not transport or provide behavioral inpatient services, nor does it typically respond to EMS and law enforcement. MCIRT will respond to EMS and law enforcement, and can transport patients needing greater behavioral health care, but does not have the capacity to stabilize on an inpatient basis or offer a drop-off location for First Responders.

2. Crisis Stabilization Facilities.

A crisis stabilization facility, also referred to as “triage facility,” is certified by DSHS under RCW 71.24.035, and offers assessment and stabilization services for patients with mental health and/or substance use disorders, including short-term inpatient beds for up to 72-hours. The proposed Behavioral Health Diversion Center and the Fife facility are crisis stabilization facilities. Once patients are stabilized, they are typically released to community-based health care, or transferred to a longer term inpatient facility, such as an evaluation and treatment facility.

3. Evaluation and Treatment Facilities.

Sixteen-bed evaluation and treatment facilities, such as the Greater Lakes and Telecare facilities in Spanaway and on the Western State Hospital campus, respectively, are primarily for involuntary commitments of up to 90 days, and do not provide crisis triage and stabilization services. First Responders cannot drop off patients; only designated mental health care professionals can authorize treatment at an E&T. E&Ts are ordinarily at or near full-capacity.

D. Location of the Behavioral Health Diversion Center

First Responders, Optum and Recovery Innovations all agree that a second crisis facility is needed, and should be located in the Spanaway/Parkland area. Fife is too far for central and

south Pierce First Responders, and they are responding to an ever increasing number of behavioral health crisis calls in the Spanaway and Parkland areas. Instead, First Responders take the vast majority of crisis cases to EDs, or the jail. Clearly, a second crisis stabilization facility is needed in the Spanaway/Parkland area to save central and south EDs and First Responders valuable time and resources.

Sheriff Paul Pastor writes (Ex. 1):

“I am writing to provide support for a new crisis stabilization facility in Pierce County as long as it is sited in the general vicinity of SR 512. ... The reasons for siting a facility in this location are for two principal reasons: 1) An increasing number of behavioral health crisis incidents are occurring centrally, east and south Pierce County, and 2) the only other crisis stabilization facility (Fife Recovery Response Center) is challenging for the deputies due to the distance and time it requires to get to this facility.”

Fire Chief Daniel Olson agrees (Ex. 2):

“As more and more crisis cases are occurring in the Parkland/Spanaway area, our Paramedics and EMTs are in need of a facility near this location. Currently, the only such facility, Recovery Response Center, is in Fife and far from our response area. Our only other option is to transport these patients to Emergency Departments at Good Samaritan and St Clare, which is not optimal for the patient and the community.”

Bea Dixon, Director of Optum-BHO stated (Ex. 3):

“[M]y staff, BHO providers and community stakeholders can confidently state that the Pierce community would be better served if additional crisis beds were available. ... The County is proposing to build a new crisis unit in the Spanaway area. We examined this option and came to the conclusion that this location would nicely complement the existing facility in Fife.”

Recovery Innovations (Ex. 4):

Because of the distance to Fife, only slightly over 1% of individuals, 7 of 637, dropped off at the RCC in Fife by law enforcement were from agencies below SR 512 or East of I-5 and below SR-16, excluding the 39 dropped off by the Lakewood Police Department co-responder program. Even if the Lakewood crises cases were included, less than 8% of crisis cases were diverted to the Fife facility.

E. Costs of Acquisition and Construction

We believe the County, with State capital funds discussed below, should purchase the land in the Spanaway/Parkland area for the BHDC, and work with private sector parties who, we believe, would be eager to construct the building and operate the BHDC.

A 16-bed facility with adequate administrative, therapeutic and common space capacity is typically about 10,000 square feet. For illustrative purposes, we identified a suitable, partially-developed property in the Parkland area, currently on the market, for just under \$1 million. We retained BCRA, a Tacoma-based architectural, engineering and land use planning firm to help us evaluate its suitability, including zoning and wetlands issues, and to estimate the design, removal of existing buildings, and construction costs. BCRA also reviewed several, undeveloped properties in the same area. BCRA is a well-known, highly regarded regional firm and designs local hospital facilities, physician clinics, and, most importantly, similar to the BHDC, 16-bed, E&T behavioral health care facilities for Telecare. BCRA’s estimate of design and construction costs for the BHDC is set forth in Ex. 5.

To summarize, using the Parkland property currently on the market, the acquisition, design and construction costs are estimated by BCRA as follows:

Land acquisition	\$900,000
Building	\$ 3,500,000
Basic Sitework	700,000
Clearing and Simple Demolition	100,000
Site Adapt Contingency	<u>100,000</u>
Total Hard Construction Costs:	\$ 4,400,000
Soft costs (design, permitting, furnishings, kitchen equipment, etc.) @ 25%	\$ 1,100,000
Total	<u>\$ 6,400,000</u>

F. Revenue Sources for Land Acquisition and Construction Costs

The 2017-19 State Capital Budget contains \$1.9 million toward the capital costs of a new Pierce County crisis stabilization facility. The budget is expected to pass the Legislature before April 2018, and the funds will likely be available immediately and disbursed through Optum-BHO, which has indicated in Ex. 3 that it supports the BHDC.

The Executive’s 2018 budget proposes contributing \$500,000 toward the acquisition of the land. We believe it is necessary for the County to invest its own resources so that it has “skin in the game” and can control the siting and development of the BHDC.

As discussed more fully below, we believe private sector entities will be extremely interested in acquiring and constructing the BHDC as an investment and lease the facility to a behavioral health organization, such as Recovery Innovations (which indicated it would likely bid on the operations contract), or a behavioral health entity may wish to build and operate the facility for itself, such as Telecare. The contribution of funds from the County and State for the land and other capital costs, and the favorable operating revenues discussed below, will likely make this an attractive investment opportunity.

G. Annual Operating Revenues and Expenses

Recovery Innovations (RI) has operated the crisis stabilization facility in Fife since 2011, and indicated an interest in operating the Behavioral Health Diversion Center. It leases the Fife facility from the Benoroya Company, which owns the land and built the structure for RI and to its specifications. RI pays Benoroya \$526,000 in annual rent. Telecare developed, owns and operates a similar, E&T 16-bed facility, and is developing a second E&T facility in Pierce County to replace its E&T unit currently on the Western State Hospital campus.

As the only other Pierce County crisis stabilization facility, RI revenues and expenses are a reliable indicator of the same for the BHDC. For fiscal year 2017-18, RI anticipates revenue of \$4,336,712 and expenses of \$4,334,019, including direct and indirect expense allocations. Optum-BHO contracts with RI and pays RI with Medicaid and state-only funds. These funding streams would be the sources of revenue for the operating expenses of the BHDC. RI’s 2017-18 fiscal year revenues and expenses are more fully set forth in Ex. 6.

In one important respect, RI’s revenues differ from the anticipated revenues of the Behavioral Health Diversion Center. The State has appropriated ***an additional \$1.25 million per year***, beginning 2019, for the operating costs of each of six new crisis stabilization facilities, including one in Pierce County. Ex. 7. This substantial, additional revenue would make the contract to operate the BHDC particularly attractive, which in turn would make the acquisition and development of the property by a private developer even more financially appealing.

Summary of Annual Operating Revenues and Expenses:

Revenues:

Current (RI) Medicaid and State only dollars:	\$4.336 million
Additional state funds beginning in 2019:	<u>\$1.25 million</u>
	\$5.586 million

Expenses:

Current (RI) expenses:	\$4.334 million
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H. Conclusion

The Executive believes a second, strategically located crisis stabilization center in the Parkland/Spanaway area will materially improve crisis care services to those suffering from severe mental illness and substance use disorder. It will also save thousands of hours of EMS and law enforcement time so that they can devote personnel to far more appropriate public safety and medical emergencies. In light of the likely state funding for the capital and operating costs of a second facility, the BHDC can and should be structured as a public-private project, involving limited, one-time County funds, and operated by a private sector, behavioral health entity.

I. List of Exhibits:

- | | |
|-------|--|
| Ex. 1 | Letter of Pierce County Sheriff, Paul Pastor, September 5, 2017 |
| Ex. 2 | Letter of Central Fire Chief, Daniel Olson, September 5, 2017 |
| Ex. 3 | Letter of Optum-BHO Director, Bea Dixon, September 1, 2017 |
| Ex. 4 | Recovery Innovations, "Pierce County Community Impact Stats" |
| Ex. 5 | BCRA Property Feasibility and Estimate of Construction Costs |
| Ex. 6 | Recovery Innovations, FY 2017-18 Operating Revenues and Expenses |
| Ex. 7 | WA State Legislature 2017-19 Budget, SSB 5883, pg. 61. |



Pierce County

Sheriff of Pierce County

930 Tacoma Avenue South
Tacoma, Washington 98402

September 5, 2017

Pierce County Executive
Bruce Dammeier
County-City Building, 7th Floor
930 Tacoma Avenue
Tacoma, WA 98402

Pierce County Council
Council Chair Doug Richardson
County-City Building, 10th Floor
930 Tacoma Avenue
Tacoma, WA 98402

Re: Crisis Stabilization Center near SR 512/Pacific Ave. S.

Dear Executive Dammeier and County Council Chair Richardson:

I am writing to provide support for a new crisis stabilization facility in Pierce County as long as it is sited in the general vicinity of SR 512. In the current law enforcement environment many of the calls for service pertain to community caretaking or offering a helping hand. The first responders (law enforcement and emergency services) need as many resources possible to provide solutions for individuals that may not benefit from being put in jail. These resources are limited and there is a need for additional mental health beds and resources.

The reasons for siting a facility in this location are for two principal reasons: 1) An increasing number of behavioral health crisis incidents are occurring centrally, east and south Pierce County, and 2) the only other crisis stabilization facility (Fife Recovery Response Center) is challenging for the deputies due to the distance and time it requires to get to this facility. One of the major reasons for siting the Parkland/Spanaway precinct was based on the calls for service in that area of the County which indicated that it is an epicenter for criminal activity. This location mirrors this decision. In addition, this location is located near high volume traffic roads which make it more convenient for our deputies to traverse to and from the location.



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Executive Dammeier and Council Chair Richardson

September 5, 2017

In conclusion, we support additional resources for providing support for our deputies relating to behavioral health issues. We appreciate consideration of funding this resource.

Sincerely;

A handwritten signature in black ink that reads "Paul A. Pastor". The signature is written in a cursive style with a large initial "P".

Paul A. Pastor

Pierce County Sheriff

Cc: Steve O'Ban
Chris Cooley
Undersheriff Bomkamp
Chief Heishman
Chief Hausner
Chief Jackson
Chief of Staff Williams
Donna LaFerriere
file



Central Pierce Fire & Rescue

Pierce County Fire District No. 6

Mailing Address: P.O. Box 940, Spanaway, WA 98387
Temporary Business Office: 600 – 39th Ave SE, Puyallup, WA 98374
(253) 538-6400 (253) 537-7294 Fax
www.centralpiercefirerescue.org

September 5th , 2017

Bruce Dammeier, County Executive
Douglas Richardson, County Council Chair

Re: Behavioral Health Crisis Stabilization Center

Dear Executive Dammeier and Chair Richardson,

I am writing in support of a behavioral health crisis stabilization facility in or near the response area of Central Pierce Fire & Rescue, preferably close to SR 512 and Pacific Ave. S.

As more and more crisis cases are occurring in the Parkland/Spanaway area, our Paramedics and EMTs are in need of a facility near this location. Currently, the only such facility, Recovery Response Center, is in Fife and far from our response area. Our only other option is to transport these patients to Emergency Departments at Good Samaritan and St Clare, which is not optimal for the patient and the community.

In 2016, Central Pierce Fire & Rescue units responded to 461 behavioral health incidents. A more centered crisis facility would allow our units to return to service in minutes versus well over an hour.

Sincerely,

A handwritten signature in blue ink, appearing to read "Daniel Olson".

Daniel Olson
Fire Chief

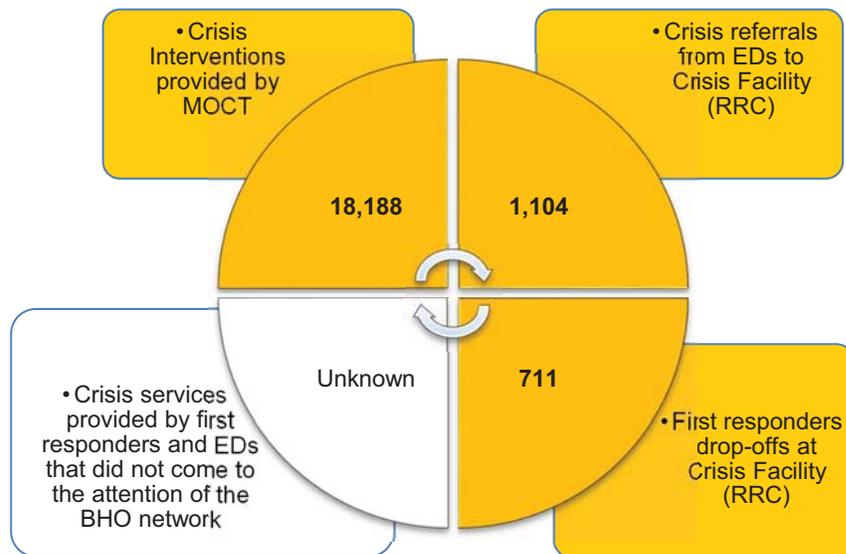
September 1, 2017

Bruce Dammeier, Pierce County Executive
 Doug Richardson, Chair Pierce Council

Dear Mr. Dammeier and Mr. Richardson:

I am writing this letter in support of opening a second crisis triage and stabilization facility in Pierce County. Based on close to 10 years of experience as the Behavioral Health Organization for Pierce County, I believe that my staff, BHO providers and community stakeholders can confidently state that the Pierce community would be better served if additional crisis beds were available. First responders, emergency rooms, the mobile outreach team and the staff at the Recovery Response Center are making valiant efforts to help people in crisis land in a safe place but the increase in population and in social/economic stressors should prompt our community to add additional resources to the existing crisis system.

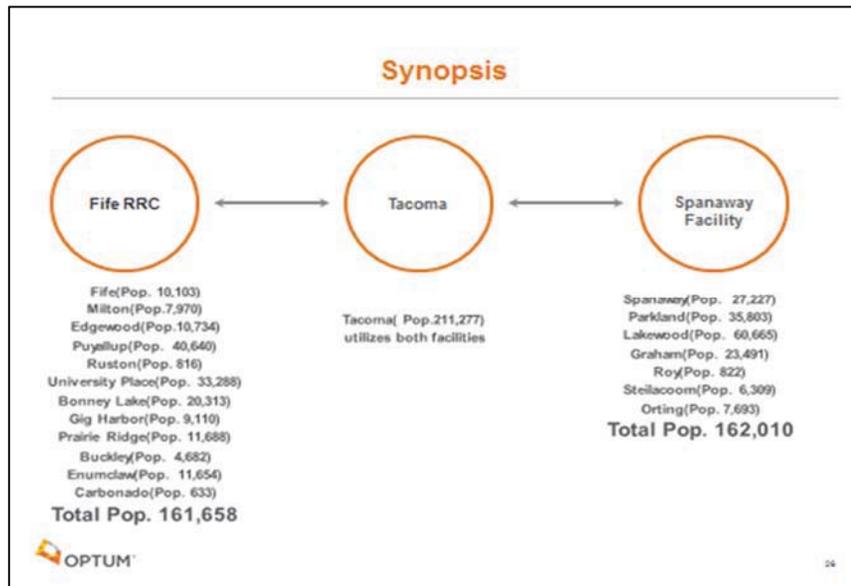
The figure below indicates the number of crisis events that occurred in the past 12 months (August 2016 – July 2017). We counted over 20,000, which is a sizable number. This number, however, only reflects the events that involved the BHO system, such as crisis services provided by the MOCT team and those by the Recovery Response Center. It is safe to assume that first responders and emergency rooms in Pierce County provided a sizable number of additional crisis interventions that did not come to the attention of the BHO.



Augmenting crisis beds in our community also requires thoughtful considerations about the location of those beds. We know that our first responders support individuals residing in a large area covering 1,806 square

miles and realize that the multiple demands on their job/resources do not allow them to travel great distances to bring somebody to safety in a crisis facility.

The County is proposing to build a new crisis unit in the Spanaway area. We examined this option and came to the conclusion that this location would nicely complement the existing facility in Fife. We compared the distance (miles plus travel time) of Pierce County towns with both the existing facility in Fife and the location in Spanaway. A PowerPoint document attached to this letter shares the details of our findings for each town but the figure below offers a synopsis.



We found that towns totaling a population of 161,658 are within reasonable distance and travel time from the facility in Fife; towns totaling a population of 162,010 are closer to Spanaway. We assume that due to the heavy demands for crisis services in Tacoma these first responders would be compelled to rely on both facilities. In essence, a Spanaway location would be a very viable option to strengthen our system of care.

I hope that the information provided in this letter provides you with additional justification to support the building of a second crisis facility in the Spanaway area. Should you have additional questions, please do not hesitate to connect with me.

Sincerely,

Bea Dixon, Ph.D.
Executive Director Optum Pierce BHO
(253) 292-4203



PIERCE COUNTY COMMUNITY IMPACT STATS

for RI International's Recovery Response Center (RRC)

One Year at RI's RRC

1104 — the number of Pierce Co residents transferred from local Emergency Departments (EDs) EDs are not equipped to handle behavioral health crises — this frees them to handle medical emergencies

637 — the number of Pierce Co residents dropped off by police and immediately treated at the RRC rather than sitting in EDs or Jails, or suffering on the street

46 — the number of Law Enforcement Drop-Offs from South of SR 512 and East of I-5 below SR 16. This equates to 7.2% of total law enforcement drop offs

74 — the number of individuals brought to the RRC by Emergency Medical Service providers rather than sending "assess and refer" cases first to EDs, elevating costs and potentially escalating mental health crises

4 — the number of individuals transferred from Pierce Co. Jail directly to the RRC

A Much Needed Community Resource

Facility-based crisis services are an integral part of a community's healthcare system. Without adequate emergency behavioral health services, first responders and emergency rooms quickly go from the caregiver of last resort to the primary caregiver for those in a behavioral health crisis.

Specialized Care

Behavioral Health services are most impactful when delivered by mental health professionals. Providing specialized care is not only most effective treatment for those in crisis, but is also much more cost-effective; allowing first responders and emergency rooms to maximize their resources toward their intended purposes.

Proven Success

Pierce County currently has a community-based facility that has demonstrated effectiveness in supporting the community around behavioral health crisis. RI International has been operating the Recovery Response Center (RRC) in Pierce County since 2011.

Multidisciplinary Team

Each year thousands of people in crisis, get the highest quality crisis care, provided by a multidisciplinary team that includes Psychiatrists, Psychiatric Nurse Practitioners, Mental Health Professionals, Nurses, and Certified Peers. RI International is internationally known for its training and employment of Certified Peers; individuals who formerly experienced mental health challenges, and are educated to relate to and de-escalate those currently experiencing behavioral health crises.

CrisisTech360 – Tracking and Reporting

RI International developed a high-tech crisis admission tracking and referral solution. The electronic bedboard supports facility-based clinical care and provides complete real-time transparency to community stakeholders. CrisisTech360 gives EDs real-time data on the number of open RRC beds. In addition, it provides access to metrics including average length of stay, number of current police drop offs and unit acuity information. This immeasurably eases the decision making at the ED level. RI International is currently working on rolling this initiative out to all Pierce County EDs.

In addition, RI International utilizes a web-based referral portal to support EDs in making quick and easy transfers into the RRC. Currently being utilized in the CHI Franciscan EDs in Pierce County, this completely HIPAA secured portal decreases the amount of time that ED staff take to transfer care, and the overall time of transfer for patients.

Barriers to Utilization:

Location:

Of the 637 Police Drop offs in the past year 46 (7.2%) were from agencies that were below SR 512 or East of I-5 below I-16. Of these, 39 (78.26%) were from the City of Lakewood. This is due to Lakewood having a dedicated behavioral co-responder program that encourages the team to be out of their jurisdiction to drop off behavioral health cases.





September 14, 2017

Steve O'Ban
Pierce County: Department of Human Services
920 Tacoma Ave S, Rm 737
Tacoma, WA 98402

RE: Crisis Stabilization Center

Dear Mr. O'Ban:

BCRA has researched the Pierce County zoning code and analyzed various properties in order to define the parameters that would guide the decision-making process for the potential construction of a Crisis Stabilization Center in central Pierce County.

An approximately 10,000 SF Crisis Stabilization Center will require a property roughly in the range of 1.5-2 acres in a zone that lists Health Services, Level 2 as a supported use. We looked at various properties in the Parkland-Midland-Spanaway (P-M-S), and the Mid-County community plan areas. These areas afford easy access to the major highways of Hwy 512 and I-5, and are within unincorporated Pierce County.

The zones that allow Level 2 Health Services in these two community plan areas are CE and CC in the Mid-County plan area and OMUD in the P-M-S plan area. Projects would be permitted through the Conditional Use Permit process. (*See attached code analysis.*)

As part of the feasibility analysis, we looked at a number of different parcels in these zones. Both current county-owned parcels and privately-owned parcels could be considered. The ideal parcel would be undeveloped, two acres or larger, not adjacent to a school property, and not significantly encumbered by wetlands or other critical areas. While a developed parcel would not be out of the question, it would likely cost more in demolition costs and in purchase price, depending on the existing use.

We found eight parcels in these zones that fit the basic criteria. None have been scoped further than a rudimentary check for size, location, critical areas, or even availability. We simply verified that there are possible sites. If none of the parcels we found become available, larger parcels with some encumbrances can certainly be considered and additional process such as a boundary line adjustment or short plat may be required. County staff has also identified one parcel currently for sale that appears to be acceptable for this facility. Its asking price is just below \$1,000,000.

Conditional Use Permit Process

Land use entitlements for the development of the project would be through a Conditional Use Permit process with the Pierce County Department of Planning and Land Services. This would include background information and reports that would inform the review; such as a Geotech Report, Traffic Impact Analysis, Tree Inventory, Critical Areas studies, or others. These reports would be analyzed through an Environmental (SEPA) Checklist. In addition, required findings would be developed which focus on compatibility with the surroundings, county codes, and the comprehensive plan.

BCRADESIGN.COM





The conditional use permit process would typically take approximately six to eight months to run through the various procedural steps, culminating in a public hearing before the Hearing Examiner.

Typical Crisis Stabilization Building Costs (2017 dollars)

Note: These costs represent a typical 16-bed stabilization facility located on a generic 2-acre parcel.

Building	\$ 3,500,000
Basic Sitework	700,000
Clearing and Simple Demolition	100,000
Site Adapt Contingency	<u>100,000</u>
Total	\$ 4,400,000
Soft costs (design, permitting, furnishings, kitchen equipment, etc.) @ 25%	\$ 1,100,000
Total	<u>\$ 5,500,000</u>

In addition to these construction related costs, there will be costs for the acquisition of the land. Site costs will vary widely and are the greatest unknown. Demolition or clearing and grading costs could range from a low of \$50,000 for a vacant, flat site, up to \$200,000 or more for a more heavily developed site. We have included \$100,000 in our estimate above.

We believe the costs above are a reasonable analysis based on what we know, however, unknown site-specific issues could change these numbers. Soils contamination or unexpected critical areas could complicate the project. It should also be understood that these numbers are based on 2017 dollars and inflation must be added, based on the anticipated delivery date of the facility.

Based on our experience working with developers on similar facilities, it is likely a private sector party would be interested in developing the Spanaway/Parkland area facility, in light of the state and county funds for capital costs (\$2.4 million) that we understand may be available to help with acquisition and development of the facility

We hope this provides sufficient information to take this project to the next step. If we can be of any further assistance, please do not hesitate to call.

Sincerely,



Christine Phillips
 Senior Planner + Architect
 Attachment: Pierce County Code analysis

Crisis Stabilization Center, Pierce County

Pierce County Zoning Code Analysis

We looked at the descriptions of the possible use categories found in Chapter 18A.33.220. Community and Cultural Services, Health Services, and Public Safety Services, all appeared to be possible candidates. However, when selecting a use category, the description that most closely fits the proposed use becomes the determined use - in this case Health Services, Level 2. It is unlikely that we could make a case for either of the other two categories. In all zones in these Community Plans where this facility would be allowed it would be permitted through a Conditional Use Permit. (see tables below)

18A.33.220 Civic Use Category – Description of Use Categories.

C. Community and Cultural Services. Community and Cultural Services Use Type refers to establishments primarily engaged in the provision of services that are strongly associated with community, social, or public importance. Typical uses include libraries, museums, art galleries, senior centers, community centers, performing arts theaters, community clubs and organizations, boys and girls clubs, granges and grange halls, wedding facilities, blood banks, organizational camps, food banks, fraternal organizations, cemeteries and associated services, and shelters for the homeless. New Community facilities in Rural Residential zones shall be consistent with standards for Local Areas of More Intense Rural Development. Also see Essential Public Facilities, Residential, and Commercial Use Categories.

E. Health Services. Health Services Use Type refers to any health-related facilities and services such as, but not limited to, hospitals, surgical facilities, ambulance services, emergency medical facilities providing 24-hour walk-in services, and respite facilities for the elderly, terminally ill, or handicapped.

Level 1: Medical and dental offices, emergency medical facilities providing 24-hour walk-in service.

Level 2: Hospitals and institutional facilities. Such facilities may involve surgical and medical procedures as well as mental health related care.

I. Public Safety Services. Public Safety Services Use Type refers to public safety and emergency services such as police and fire protection services, correctional facilities, and animal control facilities such as the dog pound or humane society.

Level 1: Safety services requiring locations throughout the County such as police and fire.

Level 2: Animal control services, such as dog pounds or humane society facilities.

Level 3: Correctional facilities.





Use Categories and Use Types	MID-COUNTY Urban Zone Classifications (Table 18A.27.010)							
	Urban Residential			Urban Centers			Employment Centers and Other Zones	
	RR: Residential Resource MHR: Moderate High Density Residential SF: Single Family			CC: Community Center NC: Neighborhood Center MUD: Mixed Use District			CE: Community Employment PR: Park and Recreation	
	RR	MHR	SF	CC	NC	MUD	CE	PR
CIVIC USE CATEGORY: See PCC 18A.33.220 for Description of Civic Use Categories.								
Health Services				P1; C2	P1	P1	P1; C2	
Public Safety Services	C1	C1	C1	P1	P1	P1; C2,3	C2	P1

Use Categories and Use Types	PARKLAND-SPANAWAY-MIDLAND Urban Zone Classifications (Table 18A.28.010)						
	MUD: Mixed Use District	CMUD: Commercial Mixed Use District	OMUD: Office-Residential Mixed Use District	[Reserved]	ROC: Residential/Office-Civic	[Reserved]	PR: Park and Recreation
	MUD	CMUD	OMUD		ROC		PR
CIVIC USE CATEGORY: See 18A.33.220 for Description of Civic Use Categories.							
Health Services	P1	P1	P1; C2		P1		
Public Safety Services	P1; C2,3	P1; C2,3	P1		C1		P1

Table 18A.15.040-1. Urban Setbacks PCC 18A.15.040 B.1.-6. provisions supersede the figures in this Table when applicable.						
Urban Zone Classification (All County)		Minimum Building Setback (feet)				Bldg Ht
		Front – Arterial	Front – Non-Arterial	Interior/Side	Rear	
CC	Community Center	20	15	0	0	60
CE	Community Employment	25	15	0	0	60
OMUD	Office-Residential Mixed-Use District	25	15	0	0	35

**Recovery Innovations, Inc., dba RI International
Recovery Response Center, Pierce County, Washington**

	Budget FY 17-18	Notes
REVENUE	4,336,712.00	
OPERATING EXPENSES		
Salary & Wages	2,353,246	Staffing Detail provided below
Employee Benefits	512,654	
Total Employee Expenses	2,865,901	
Travel	6,450	
Office Occupancy	526,058	
Program Services	168,844	
Program Supplies	92,922	
Office Supplies & Equipment	23,130	
Insurance	32,822	
Telephone	6,960	
Other Expenses	25,536	
Capital Expenditures	50,840	
Net Operating Expenses, excluding Direct Allocations	3,799,462	
Direct Allocation Expenses	190,909	Billing, EHR, Quality & Compliance.
Operating Expenses, including Direct Allocations	3,990,372	
Indirect Allocation Expenses	343,647	Executive, Finance, HR, and MIS
Total Expenses	4,334,019	
Net Income (Loss)	\$ 2,692.80	

STAFFING DETAIL

Recovery Services Administrator II	1.00
Support Services Coordinator	1.00
Data Support Coordinator	0.40
Chief Medical Officer	0.04
Medical Director	1.00
Nurse Practitioner	1.20
Nurse Manager	0.50
Nurses (RN)	4.20
Nurses (LPN)	4.20
Shift Coordinator / MHP	5.20
Recovery Liaison	3.00
Peer Recovery Specialist	12.60
Customer Service Specialist	1.40
Food Services	1.18
Total FTE	36.92

1 with local dollars or funds received under (g) of this subsection.
2 The department and behavioral health organizations shall maintain
3 consistency with all essential elements of the PACT evidence-based
4 practice model in programs funded under this section.

5 (c) From the general fund—state appropriations in this
6 subsection, the department shall assure that behavioral health
7 organizations reimburse the department of social and health services
8 aging and long term support administration for the general fund—state
9 cost of medicaid personal care services that enrolled behavioral
10 health organization consumers use because of their psychiatric
11 disability.

12 (d) \$3,520,000 of the general fund—federal appropriation is
13 provided solely for the department to maintain a pilot project to put
14 peer bridging staff into each behavioral health organization as part
15 of the state psychiatric liaison teams to promote continuity of
16 service as individuals return to their communities. The department
17 must collect data and submit a report to the office of financial
18 management and the appropriate committees of the legislature on the
19 impact of peer staff on state hospital discharges and community
20 placements by December 1, 2017.

21 (e) \$6,858,000 of the general fund—state appropriation for fiscal
22 year 2019 and \$4,023,000 of the general fund—federal appropriation
23 are provided solely for new crisis triage or stabilization centers.
24 The department must seek proposals from behavioral health
25 organizations for the use of these funds based on regional
26 priorities. Services in these facilities may include crisis
27 stabilization and intervention, individual counseling, peer support,
28 medication management, education, and referral assistance. The
29 department shall monitor each center's effectiveness at lowering the
30 rate of state psychiatric hospital admissions.

31 (f) \$15,862,000 of the general fund—state appropriation for
32 fiscal year 2018 is provided solely to assist behavioral health
33 organizations with the costs of providing services to medicaid
34 clients receiving services in psychiatric facilities classified as
35 institutions of mental diseases. The department must distribute these
36 amounts proportionate to the number of bed days for medicaid clients
37 in institutions for mental diseases that were excluded from
38 behavioral health organization fiscal year 2018 capitation rates
39 because they exceeded the amounts allowed under federal regulations.